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
CLINICAL AREA: \_\_\_\_\_

## How' YOU Doin' in 2003?

### Advance Directives and Patient Confidentiality February 26, 2003

#### Instructions:

- ☐ Test your knowledge by asking yourself and at least 5 of your colleagues the following questions.
- ☐ Indicate in the boxes whether you **answered the question correctly (Y)** or **were not able to answer the question (N)**. Your manager or supervisor will be able to provide you with the correct answers.
- ☐ Give yourself and your colleagues a pat on the back for a job well done!!! Then, **send the results to Ginnie Daine by March 7, 2003 (Room 10/7D55)**.
- ☐ Got questions and you and your staff want to discuss a topic, simply check the box to the left of the topic.

	Critical Issue	1	2	3	4	5	6
	1. What is an Advance Directive (AD)?						
	2. Prior to admission to the CC, how is the patient informed to bring any existing AD documents?						
	3. Do you ask all patients if they have an AD?						
	4. What do you do if the patient does not have an AD?						
	5. Can you use the AD from the previous admission?						
	6. What do you do if your patient forgets to bring in their AD?						
	7. If your patient has an AD but forgot to bring it with them AND then declines to fill out the NIH Advance Directive Form 200, what do you do??						
	8. If the patient has never executed an AD and would like more information, what do you do?						
	9. What documentation is required r/t the AD?						
	10. List 4 ways that you protect your patient's confidentiality.						
	11. How do you demonstrate respect for your patient's privacy?						
	12. Where do you dispose sensitive information that contains "patient identifiers?"						
	13. What resources are available to help our patients understand their Rights and Responsibilities?						

- ☐ We would like to discuss this topic further with someone!! (check box if indicated)

## How' YOU Doin' in 2003?

### The Answer Sheet☺

#### Advance Directives and Patient Confidentiality

February 26, 2003

1. What is an Advance Directive (AD)?
<ul style="list-style-type: none"><li>▶ The AD is a legal document that allows an individual to indicate in writing their wishes regarding future health care and medical research decisions. The AD takes effect if and when an individual's decision-making capacity becomes compromised. The AD can be used to:<ul style="list-style-type: none"><li>▪ State health care choices</li><li>▪ State wishes about research participation</li><li>▪ Appoint someone to make decisions on the patient's behalf should the decision-making capacity become compromised (Durable Power of Attorney)</li></ul></li></ul>
2. Prior to admission to the CC, how is the patient informed to bring any existing AD documents?
<ul style="list-style-type: none"><li>▶ Prior to their arrival to the CC, the research team will advise the patient to bring a copy of any existing AD.</li><li>▶ The Admissions Clerk will provide an admissions packet that includes information on the patient's right to execute an AD.</li><li>▶ How does your research team deal with this issue?</li></ul>
3. Do you ask all patients if they have an AD?
<ul style="list-style-type: none"><li>▶ On each admission to the CC, an RN, LPN, or a member of the research team asks all adult inpatients, outpatients, and day hospital patients the status of their AD. Outpatients who do not receive a nursing admission assessment will be asked about their AD status by a member of the research team when indicated.</li></ul>
4. What do you do if the patient does not have an AD?
<ul style="list-style-type: none"><li>▶ The nurse invites the patient to execute an AD by using "Advance Directive for Health Care and Medical Research Participation" (NIH Form 200). NIH Form 200, unlike most, has a separate section addressing the patient's preferences for continuing their participation in clinical trials. Please note, the CC accepts AD's from any state.</li></ul>
5. Can you use the AD from the previous admission?
<ul style="list-style-type: none"><li>▶ Yes, you can use the AD from the previous admission. The patient should review the existing AD and if the patient agrees that accurately reflects their wishes, the patient should initial and date the existing AD.</li><li>▶ If, according to the patient, there have been changes to the existing AD, the nurse will assist the patient in indicating and dating this change on the NIH Advance Directive Continuation page. The Continuation page is then filed in the medical record under the Advance Directive tab. The nurse then notifies the physician in charge of the patient's care about the change in the AD.</li></ul>
6. What do you do if your patient forgets to bring in their AD?
<ul style="list-style-type: none"><li>▶ The nurse offers to assist the patient to obtain a copy. This is a bit tricky, as it requires persistent follow-up by each nurse. It requires too that all efforts to obtain the AD copy are clearly documented in the medical record. Because this can be a time-consuming process, nurses might consider inviting the patient to execute another AD by using "Advance Directive for Health Care and Medical Research Participation" (NIH Form 200).</li></ul>

7. If your patient has an AD but forgot to bring it with them AND then declines to fill out the NIH Advance Directive Form 200, what do you do??
- ▶ If the patient does not have a written AD and declines to complete one, but makes a statement to their medically responsible physician designating their decision maker, or their preferences, this statement must be witnessed by a third party. This information is then recorded by the physician on the Continuation sheet of the NIH AD form 200-1 and titled "Oral Advance Directive Statement". This documentation is co-signed by the witness and filed in the AD section of the medical record.
8. If the patient has never executed an AD and would like more information, what do you do?
- ▶ You might find it helpful to review the MEC Policy: M92-7 Advance Directives (<http://push.cc.nih.gov/policies/PDF/M92-7.pdf>).
  - ▶ You might also review MEC Policy: 91-7 Do Not Resuscitate (<http://push.cc.nih.gov/policies/PDF/M91-7.pdf>).
  - ▶ The "CC Patient Handbook" ([http://www.cc.nih.gov/cc/patient\\_handbook/index.html](http://www.cc.nih.gov/cc/patient_handbook/index.html)). The Handbook is distributed to patients at the time of admission and provides patients and families with very general information about advance directives.
  - ▶ "Advance Directives at the NIH" (blue and orange brochure) is distributed to patients at the time of admission. Extra brochures are also available in the Department of Bioethics (6-2429).
  - ▶ Additional resources available to help you and your patient are:
    - Pain and Palliative Care Program (4-9767)
    - Spiritual Ministry (6-3407)
    - Department of Social Work (6-2381)
    - Department of Clinical Bioethics (6-2429)
    - The Patient Representative (6-2626).
    - The AD Resource person trained to provide information about and assistance with the execution of an AD. To learn who this person is on your unit, speak to the nurse manager or call the Department of Clinical Bioethics.
9. What documentation is required r/t the AD?
- ▶ The entire process is documented in the MIS via the Admit Assessment and Health Maintenance pathways . . . the Advance Directive screens under the Admit Assessment. The initial encounter as well as all follow-ups are documented through this pathway and filed under the AD tab in the patient's current chart.
10. List 4 ways that you protect your patient's confidentiality.
- ▶ Patient sensitive research and/or clinical materials (e.g., medical records, laboratory data, etc.) are stored in secured and/or staff-attended locations.
  - ▶ Patient related conversations are conducted privately and in a manner that prevents conversations from being overheard in a public area, e.g., cafeteria, elevator, hallway
  - ▶ First and Last names are not recorded together in public areas.
  - ▶ Patients' names and their diagnoses should not be linked together in a public area.
  - ▶ Your MIS and other electronic passwords are kept private and confidential.
  - ▶ MIS is used only to conduct care for your assigned patients. You do not "browse" in MIS.
  - ▶ Clinic appointments and conference schedules are posted OUT of public view.
  - ▶ All patient-related materials are removed from a room after a conference or meeting.
  - ▶ Unattended medical records are returned to the Medical Record Department.
  - ▶ Documents to be filed in the medical record are placed and secured in a **BRIGHT BLUE envelope and delivered to Medical Records Department.**
  - ▶ Fax machines, pneumatic tubes, copiers, and printers are not accessible to the public.
  - ▶ You monitor how copy machines are being used. **THERE ARE MORE ANSWERS NEXT PAGE!**

- ▶ You monitor and question unfamiliar people who are in "staff only" areas.
- ▶ Patients are NOT paged back to a specific diagnostic or treatment location in the hospital. Rather, patients are directed to return to their unit or call their unit.
- ▶ **The Medical Record Department can provide a patient confidentiality assessment in your patient care area. To arrange a visit, call Marty Clement (6-0827).**

11. How do you demonstrate respect for your patient's privacy?

- ▶ You remind your patient about their right to privacy.
- ▶ You knock before entering your patient's room, exam room, or bathroom.
- ▶ You ensure curtains are drawn to maintain privacy during procedures and/or at the request of your patient.
- ▶ You provide a blanket or other cover during transport of the patient in the CC and/or at the request of your patient.
- ▶ You provide a private space for the patient/family to make personal phone calls.

12. Where do you dispose sensitive information that contains "patient identifiers?"

- ▶ Properly dispose of anything that displays patient information by shredding it or placing in a secured shred box. Such material may include but is not limited to patient conference schedules and materials, temporary MIS printouts, research retrievals, administrative reports, and audit files.
- ▶ Can you think of others??

13. What resources are available to help our patients understand their Rights and Responsibilities?

- ▶ Bill of Rights for Clinical Center Patients and Patient Responsibilities (<http://www.cc.nih.gov/ccc/aboutcc/partners/billrights.html>).
- ▶ Patient Representative (6-2626).